Image# 29934012832 06/15/2009 21:32

	RECEIPTS AND DIS		OF PRESIDENT OR	1 / 48 VICE-PRESIDENT				
1. NAME OF COMMITT MIKE GRAVEL FOI	EE (in full)	DATE FOR THE OFFICE C		VIOL-I NEGIDENT				
ADDRESS (number and	, Check it different	than previously reported						
1600 N OAK ST #14	12		2. IDENTIFICATION NI C00423202					
CITY, STATE, and ZIP	CODE		3. IS THIS REPORT FO	OR:				
ARLINGTON	VA	22209	☐ Primary	General				
4. TYPE OF RI	PORT (Check here if this	is a Termination Report.)						
Annil 45 Overdente De		Monthly Report Due	On:					
April 15 Quarterly Re		February 20	June 20	October 20				
July 15 Quarterly Re	ort	March 20 April 20	☐ July 20 ☐ August 20	November 20 December 20				
October 15 Quarterly	Report	May 20	September 20	January 31				
January 31 Year End	Report	Twelfth day report pr						
		election on	·	Гуре of Election) ne State of				
		Thirtieth day report for	ollowing the General Elect	ion on				
		on						
IS THIS REPORT AN AI	MENDMENT X YES	NO						
5. COVERING PERIOD		FROM 12/01/2008	THRO	DUGH 12/31/2008				
SUMMARY	6. CASH ON HAND AT BEGINNING REPORTING PERIOD	OF THE		655.29				
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			100000.00				
	8. SUBTOTAL (Lines 6 and 7)			100655.29				
	9. TOTAL DISBURSEMENTS THIS (From Line 30, Column A, Page 2)			44615.73				
	10. CASH ON HAND AT CLOSE OF (Subtract Line 9 from 8)	REPORTING PERIOD		56039.56				
	11. DEBTS AND OBLIGATIONS OW (Itemize All on Schedule C-P or Schedule C-P)			934.61				
	12. DEBTS AND OBLIGATIONS OV (Itemize All on Schedule C-P or Schedule C-P)			146072.00				
	13. EXPENDITURES SUBJECT TO	LIMITATION		0.00				
NET ELECTION CYCLE- TO-DATE CONTRIBUTIONS AND	14. NET CONTRIBUTIONS (Other t (Subtract Line 28d, Column B from	n 17e, Column B, Page 2)		0.00				
EXPENDITURES	15. NET OPERATING EXPENDITU (Subtract Line 20a, Colummn B fr			0.00				
I certify that I have example	nined this Report and to the best of	f my knowledge and belief it is to	rue, correct, and comple	ete.				
Type or Print Name of Tr MIKE GRAVEL	easurer			Date 06/15/2009				
Signature of Treasurer				1				
NOTE: Submission of fal	se, erroneous, or incomplete information	on may subject the person signing t	this Report to the penalties	s of 2 U.S.C. §437g.				
All previous versions of F	EC FORM 3P are obsolete and should	no longer be used.						
For further information	contact: Federal Election Com 999 E Street, N.W. Washington, DC 204	Toll Free 800-424	-9530 (FEC FORM 3P 01/2001)				

(PAGE 2, FEC FORM 3P) Name of committee (in full) MIKE GRAVEL FOR PRESIDENT 2008		Report Covering the Period	d		
MIKE GRAVEL FOR PRESIDENT 2008		From: 12/01/2008	To: 12/31/2008		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
16. FEDERAL FUNDS (Itemize on Schedule A-P)		100000.00	100000.00		
17. CONTRIBUTIONS (other than loans) FROM:					
(a) Individuals/Persons Other Than Political Committees		0.00	0.00		
(b) Political Party Committees		0.00	0.00		
(c) Other Political Committees		0.00	0.00		
(d) The Candidate		0.00	0.00		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c), 17(d))	0.00	0.00		
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00		
19. LOANS RECEIVED:					
(a) Loans Received From or Guaranteed by Candidate		0.00	0.00		
(b) Other Loans		0.00	0.00		
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	0.00		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :					
(a) Operating		0.00	0.00		
(b) Fundraising		0.00	0.00		
(c) Legal and Accounting		0.00	0.00		
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a),	20(b) and 20(c))	0.00	0.00		
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	0.00		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		100000.00	100000.00		
II. DISBURSEMENTS					
23. OPERATING EXPENDITURES		0.00	0.00		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00		
25. FUNDRAISING DISBURSEMENTS		0.00	0.00		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00		
27. LOAN REPAYMENTS MADE :					
(a) Repayment of Loans made or Guaranteed by Candidate		44615.73	44615.73		
(b) Other Repayments		0.00	0.00		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		44615.73	44615.73		
28. REFUNDS OF CONTRIBUTIONS TO :					
(a) Individuals/Persons Other Than Political Committees		0.00	0.00		
(b) Political Party Committees		0.00	0.00		
(c) Other Political Committees(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00		
29. OTHER DISBURSEMENTS		0.00	0.00		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		44615.73	44615.73		
III. CONTRIBUTED ITEMS (Stock, Art C	biects. etc.)				
•	-,00to, 0to./	0.00			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00			

CITY, STATE, and ZIP CODE

VA

ARLINGTON

lage# 29934012634		
ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A I (Used Only by Primary Committees Receiving or Expecting to Receive (PAGE 3, FEC FORM 3P)		3 / 48
1. NAME OF COMMITTEE (in full)		
MIKE GRAVEL FOR PRESIDENT 2008		
ADDRESS (number and street)	1	
1600 N OAK ST #1412		

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

22209

STATE ALLOCATION TOTAL STATE ALLOCATION TO DATE		ALLOCATION THIS PERIOD			
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

Schedule A-P

PAGE 4/48 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 17a Х 16 17c 17b **Detailed Summary Page** 19b 20a 20b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Department of Treasury Date of Receipt Mailing Address 12 18 2008 3700 East West Highway State Zip Code City **Hyattsville** MD 20762 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 federal political committee. Name of Employer Occupation Matching fund January 09 2008 Receipt For: 2008 Election Cycle-to-Date X Primary General 100000.00 Other (specify)

Transaction ID:

SA16.20384

SUBTOTAL of Receipts This Page (optional)	•	100000.00
TOTAL This Period (last page this line number only)	•	100000.00

В.

C.

Schedule B-P			50 D		NUMBED: DAGE 5/49							
	Use separate schedule(s			E NUMBER: PAGE 5/48 ly one)								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2		24		25	☐ 26	X	X 27a		
	Detailed Gairmary 1 age		1 2	7b	28a	Г	28b	r	28c	Ë	29	
Any Information copied from such Reports and States or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
MIKE GRAVEL FOR PRESIDENT 2008												
Full Name (Last, First, Middle Initial) MIKE GRAVEL					Date	of D	isburs	em		A.20	386	
Mailing Address 1600 NO OAK ST APT	1412				^M 2	М	/ D3	3 1		Ž	o ŏ	8 ^Y
City ARLINGTON	State Zip Code VA 22209				Amou	ınt c	f Each	n Di	isburse	-	-	Period
Purpose of Disbursement LOAN REPAYMENT			101		L.		-			61	00.0	0
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			tegory Type	//								
Office Sought: House Disburs Senate X President State: District:	ement For: Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial)									SB27	A.20	389	
MIKE GRAVEL							isburs			· · · ·	/ ° V	V .
Mailing Address 1600 NO OAK ST APT	1412				^M 2	М	/ D 3	3 1 ^D		2	o ŏ	8
City ARLINGTON	State Zip Code VA 22209				Amou	ınt c	f Each	n Di	isburse	-		Period
Purpose of Disbursement LOAN REPAYMENT		-	101		L.				•	30	0.00	0
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			tegory Type	//								
Office Sought: House Disburs	ement For: Primary General Other (specify)											
Full Name (Last, First, Middle Initial) MIKE GRAVEL					Date	of D	isburs	em		A.20	390	
Mailing Address 1600 NO OAK ST APT	1412				^M 2	М	/ D3	3 1		Ž	o ŏ	8 ^Y
City ARLINGTON	State Zip Code VA 22209				Amou	ınt c	f Each	n Di	isburse	-	-	Period
Purpose of Disbursement LOAN REPAYMENT		-	101		L.				•	150	0.00	0
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			tegory Type	//								
Office Sought: House Disburs	ement For: Primary General Other (specify)											
SUBTOTAL of Disbursements This Page (optional)				<u> </u>						241	00.0	0
TOTAL This Period (last page this line number only	·)			•								

В.

C.

.go// 2000 to 1200/			
Schedule B-P TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Crieck only	one)
	Detailed Summary Page	23 27b	24 25 26 X 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008			
Full Name (Last, First, Middle Initial) MIKE GRAVEL			Transaction ID: SB27A.20391 Date of Disbursement
Mailing Address 1600 NO OAK ST APT 14	412		12 M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT		101	100.00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		Category/ Type	
Office Sought: House Senate X President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) MIKE GRAVEL			Transaction ID: SB27A.20392 Date of Disbursement
Mailing Address 1600 NO OAK ST APT 14	412		12 M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT		101	5000.00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		Category/ Type	
Office Sought: House Senate X President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
MIKE GRAVEL			Transaction ID: SB27A.20393 Date of Disbursement
Mailing Address 1600 NO OAK ST APT 14	412		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
	State Zip Code VA 22209		Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT		101	6000.00
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		Category/ Type	
Office Sought: House Senate X President Disburse	ment For: Primary General Other (specify)		
State: District:	(-poon)/ \		
SUBTOTAL of Disbursements This Page (optional) .			11100.00

TOTAL This Period (last page this line number only)

В.

C.

Schedule B-P		T F	OBLINE	NUMBER: PAGE 7/48						
ITEMIZED DISPUIDSEMENTS	Use separate schedule(s) for each category of the		check on							
ITEMIZED DISBURSEMENTS	Detailed Summary Page		23	24	25	<u> </u>	6 X	27a		
	, ,		27b	28a	28b		:8c	29		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
MIKE GRAVEL FOR PRESIDENT 2008										
Full Name (Last, First, Middle Initial) MIKE GRAVEL				Transac Date of I				0394		
Mailing Address 1600 NO OAK ST APT 14	412			1 2 M	[′] 3	1 /	Y	2008		
,	State Zip Code VA 22209			Amount	of Each	Disbu		nt this Period		
Purpose of Disbursement LOAN REPAYMENT			01				50	00.00		
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			egory/ /pe	-						
Office Sought: House Disburse Senate X President State: District:	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) MIKE GRAVEL				Transac Date of I				0395		
Mailing Address 1600 NO OAK ST APT 14	412			1 2 M	[′] 3	1 /	Y	2008		
,	State Zip Code VA 22209			Amount	of Each	Disbu		nt this Period		
Purpose of Disbursement LOAN REPAYMENT			01	L.			8	306.74		
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			egory/ /pe							
Office Sought: House Disburse Senate X President State: District:	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) MIKE GRAVEL				Transac Date of I	Disburse	ement				
Mailing Address 1600 NO OAK ST APT 14	412			12	[′] 3	1 /	Y	2008°		
	State Zip Code VA 22209			Amount	of Each	Disbu		nt this Period		
Purpose of Disbursement LOAN REPAYMENT		_	01			_	1	81.87		
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008			egory/ /pe							
Office Sought: House Disburse Senate X President State: District:	ment For: Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional) .			. •				59	88.61		
TOTAL This Period (last page this line number only)			•							

	Schedule B-P Use separate schedule(s)		hadula(s)			NUMBE	R:			PAG	8		
	ITEMIZED DISBURSEMENTS	for each categor	y of the (check on 7 23	ly one) 24		25		26 X 27a			
		Detailed Summa	ary Page	╟	27b	28a	$\boldsymbol{\sqcup}$	28b		28c	29		
	Any Information copied from such Reports and Statemor for commercial purposes, other than using the name											3	
	NAME OF COMMITTEE (In Full)	and address of a	- pointious oc	,,,,,,,		J. 1011 CO1111	- Datie	5110 110	J.111 O.G	011 001			
	MIKE GRAVEL FOR PRESIDENT 2008												
A.	Full Name (Last, First, Middle Initial) MIKE GRAVEL					Date	of Dis	sburse	ement		20397		
	Mailing Address 1600 NO OAK ST APT 14	412				1 2	M /	^D 3	1	Y	ž 0 ŏ 8	3	
	,	State Zip C VA 2220				Amou	nt of	Each	Disbu	ursem	ent this I		
	Purpose of Disbursement LOAN REPAYMENT			_	01	L.				•	95.70)	
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		(egory/ ype	-							
	Office Sought: House Disburser Senate X President		General										
	State: District:												
В.	Full Name (Last, First, Middle Initial) MIKE GRAVEL					Date	of Dis	sburse	ement		20398	_	
	Mailing Address 1600 NO OAK ST APT 14	412				1 ^M 2	M /	^D 3	1	Y	ž 0 ŏ 8	3	
	•	State Zip C VA 2220				Amou	nt of	Each	Disbu		ent this I		
	Purpose of Disbursement LOAN REPAYMENT				01		0				1500.00)	
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		(egory/ ype								
	Office Sought: House Senate X President State: Disburser		General 7										
C.	Full Name (Last, First, Middle Initial) MIKE GRAVEL					1		on ID: sburse			20399		
	Mailing Address 1600 NO OAK ST APT 14	412				1 ^M 2	M /	^D 3	1	Y	ž 0 ŏ 8	3 ^Y	
		State Zip C VA 2220				Amou	nt of	Each	Disbu	ursem	ent this I		
	Purpose of Disbursement LOAN REPAYMENT				01	L.	_				43.59		
	Candidate Name MIKE GRAVEL FOR PRESIDENT 2008		'		egory/ /pe								
	Office Sought: House Disburser Senate X President	ment For: Primary Other (specify)	General		·								
	State: District:					L							
	SUBTOTAL of Disbursements This Page (optional)				. •					1	639.29		
	TOTAL This Period (last page this line number only)				•								

В.

LOAN REPAYMENT

MIKE GRAVEL FOR PRESIDENT 2008

District:

House Senate

χ President

Disbursement For:

Primary

Other (specify)

Candidate Name

Office Sought:

State:

Schedule B-P ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 9/48 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a **Detailed Summary Page** 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20400 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON VA 22209 1000.00 Purpose of Disbursement LOAN REPAYMENT 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Type Office Sought: Disbursement For: House General Senate Primary Other (specify) χ President District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB27A.20402 MIKE GRAVEL Date of Disbursement 3 1 2008 Mailing Address 1600 NO OAK ST APT 1412 City State Zip Code Amount of Each Disbursement this Period ARLINGTON 22209 VA 787.83 Purpose of Disbursement

101

Category/

Туре

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1787.83
TOTAL This Period (last page this line number only)	•	44615.73

FE1AN060.PDF

Schedule C-P PAGE 10 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 30000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 11/48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 3000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 12/48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 15000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 13 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 14 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 15/48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 6000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 16 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 5000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 17/48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 18 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 19/48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 95.70 0.00 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 20 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 1500.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 21 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 22 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 23 / 48 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 787.83 0.00 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 0.00 SUBTOTALS This Period This Page (optional) 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

PAGE 24 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): BALANCE IN PAYPAL NOT YET TRANSFERRED Paypal Inc Mailing Address 7615 37th Ave State ZIP Code City Jackson Heights NY 11372 Outstanding Balance Beginning This Period Transaction ID: SD11.20545 24.74 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 24.74 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAYPAL DONATIONS NOT YET TRANFERRED Paypal Inc Mailing Address 7615 37th Ave 7IP Code City State 11372 Jackson Heights NY Outstanding Balance Beginning This Period Transaction ID: SD11.20546 151.37 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 151.37 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAYPAL DONATIONS NOT YET TRANSFERRED Paypal Inc Mailing Address 7615 37th Ave ZIP Code City State Jackson Heights 11372 NY Outstanding Balance Beginning This Period Transaction ID: SD11.20547 506.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 506.15 682.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 25 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) X 11 **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CR CARD DONATIONS HELD BY CC MERCHANT **POWERPAY** Mailing Address 280 FORE ST ZIP Code City State **PORTLAND** ME 04101 Outstanding Balance Beginning This Period Transaction ID: SD11.20592 252.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 252.35 252.35 1) SUBTOTALS This Period This Page (optional)..... 934.61 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

934.61

PAGE 26 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP CHRISTINE D'AMICO Mailing Address 2612 NORTH AVE D-9 City State ZIP Code **BRIDGEPORT** 06604 CT Outstanding Balance Beginning This Period Transaction ID: SD12.20453 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES APRIL 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6914.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6914.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES MAY 2008 Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20247 313.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 313.00 8727.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 27 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES AUGUST 2008** Mailing Address 1825 EYE STREET NW State ZIP Code City WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20372 936.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 936.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES SEPTEMBER 2008 Mailing Address 1825 EYE STREET NW ZIP Code State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20380 156.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 156.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES DECEMBER 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20409 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 260.00 0.00 260.00 1352.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 28 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW City State ZIP Code Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20419 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20418 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20014 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 7000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT - HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 State ZIP Code City **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.20648 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20649 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20650 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 250.00 1500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 State ZIP Code City **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.20651 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20652 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL/STORAGE MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20653 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 250.00 750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 31 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL/STORAGE MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 State ZIP Code City **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.20654 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CAMPAIGN COORDINATION SUSAN GRIFFIN Mailing Address 5520 COVINGTON CT #106 State ZIP Code City **DEARBORN** 48126 MI Outstanding Balance Beginning This Period Transaction ID: SD12.20436 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION MINDI IDEN Mailing Address 149 S. Barrington Ave. #326 ZIP Code City State LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 3775.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 32 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEE FOR FIELD REP NV **BECKY ISAIS** Mailing Address 5512 VISTA RIDGE WAY State ZIP Code City **KEARNS** UT 84118 Outstanding Balance Beginning This Period Transaction ID: SD12.20450 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW 7IP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20411 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20412 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 6050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 33 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 34 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.19795 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20427 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 35 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20428 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20011 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20245 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 4500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20332 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20371 500.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20375 850.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 850.00 1850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 37 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20377 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20379 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20382 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 1500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 38 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20429 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES MI FIELD REPRESENTATIVE **NEIL KIERNAN STEPHENSON** Mailing Address 52177 LEXINTON LN 7IP Code City State **CHESTERFIELD** 48051 ΜI Outstanding Balance Beginning This Period Transaction ID: SD12.20438 525.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 525.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR OFFICE MANAGEMENT AFIFA KLOUJ Mailing Address 1001 3RD STREET SW #804 ZIP Code City State WASHINGTON DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20440 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 2575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 39 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR City State ZIP Code **EMMAUS** PA 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20416 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR ZIP Code City State **EMMAUS** 18049 PA Outstanding Balance Beginning This Period Transaction ID: SD12.20417 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR ZIP Code City State **EMMAUS** PΑ 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.19791 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 8000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 40 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES NATL PUBLICITY DIRECTOR JOE LAURIA Mailing Address 205 PINEHURST AVE #6J City State ZIP Code **NEW YORK** NY 10033 Outstanding Balance Beginning This Period Transaction ID: SD12.20430 1050.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1050.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CALIFORNIA COORDINATOR mosier lynne Mailing Address 76 patrick way 7IP Code City State 94019 half moon bay CA Outstanding Balance Beginning This Period Transaction ID: SD12.19793 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR INFORMATION TECHNOLOGY SKYLER MCKINLEY Mailing Address 1815 S. QUEEN WAY ZIP Code State City **LAKEWOOD** 80232 CO Outstanding Balance Beginning This Period Transaction ID: SD12.20457 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5000.00 11050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 41 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ALTERNATIVE DE-BATE TECHNOLOGY CASEY MCLLVAINE Mailing Address 225 LYCEUM AVE City State ZIP Code **PHILLADELPHIA** PA 19128 Outstanding Balance Beginning This Period Transaction ID: SD12.20455 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DAVID NELSON VAN-DETTE CONSULTING FIELD REP FL Mailing Address 1013 RIDGE ROAD 7IP Code City State 33770 **LARGO** FL Outstanding Balance Beginning This Period Transaction ID: SD12.20444 525.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 525.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP DAVID NELSON VAN-DETTE Mailing Address 1013 RIDGE ROAD ZIP Code City State **LARGO** 33770 FL Outstanding Balance Beginning This Period Transaction ID: SD12.20446 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 2075.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 42 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN 7IP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20421 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20422 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 15000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 43 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20423 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN 7IP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20424 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 12498.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Schedule D-P			(Use s	separate	PAGE 44 / 48
	TIONS		`	edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGA	TIONS			each ered line)	(check only one) 11
Excluding Loans			HUHIDE	ered line)	X 12
NAME OF COMMITTEE (II MIKE GRAVEL FOR PR	•				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRIS PETHRICK				Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT	
Mailing Address 1630	5 WOODVILLE ROAD)	<u>'</u>	an waa	•
City BRANDYWINE	State MD	ZIP Code 20613			
Outstanding Balance	Beginning This Period 7498.00			Trai	nsaction ID: SD12.20246
		D		0	D
Amount Incurr	red This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			7498.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRIS PETHRICK			1	Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT	
Mailing Address 1630	5 WOODVILLE ROAD	1			
City BRANDYWINE	State MD	ZIP Code 20613			
Outstanding Balance	Beginning This Period			Trai	nsaction ID: SD12.20425
	7498.00				
Amount Incurr		Payment This Period		Outstandir	ng Balance at Close of This Perior
Amount Incurr	7498.00 red This Period 0.00	Payment This Period		Outstandir	ng Balance at Close of This Period 7498.00
	red This Period	0.00	1	Nature of D	
C. Full Name (Last, Fire CHRIS PETHRICK	red This Period 0.00	or Creditor	1	Nature of D	7498.00
C. Full Name (Last, Fire CHRIS PETHRICK	o.00 st, Middle Initial) of Debtor o	or Creditor	1	Nature of D	7498.00
C. Full Name (Last, Fire CHRIS PETHRICK Mailing Address 1630 City BRANDYWINE	o.00 st, Middle Initial) of Debtor of State MD Beginning This Period	0.00 or Creditor ZIP Code	I I	Nature of D CONSULT GN MAG	7498.00
C. Full Name (Last, Fire CHRIS PETHRICK Mailing Address 1630 City BRANDYWINE Outstanding Balance	red This Period 0.00 st, Middle Initial) of Debtor of the period State MD Beginning This Period 3749.00	O.00 or Creditor ZIP Code 20613		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): TING FEES FOR CAMPA-T
C. Full Name (Last, Fire CHRIS PETHRICK Mailing Address 1630 City BRANDYWINE Outstanding Balance	o.00 st, Middle Initial) of Debtor	O.00 or Creditor ZIP Code 20613 Payment This Period		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): FING FEES FOR CAMPA- T nsaction ID: SD12.20426 ng Balance at Close of This Period
C. Full Name (Last, Fire CHRIS PETHRICK Mailing Address 1630 City BRANDYWINE Outstanding Balance	red This Period 0.00 st, Middle Initial) of Debtor of the period State MD Beginning This Period 3749.00	O.00 or Creditor ZIP Code 20613		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): TING FEES FOR CAMPA-T
C. Full Name (Last, Fire CHRIS PETHRICK Mailing Address 1630 City BRANDYWINE Outstanding Balance Amount Incurr	red This Period 0.00 st, Middle Initial) of Debtor of D	O.00 or Creditor ZIP Code 20613 Payment This Period		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): FING FEES FOR CAMPA- T nsaction ID: SD12.20426 ng Balance at Close of This Period
C. Full Name (Last, First CHRIS PETHRICK) Mailing Address 1630 City BRANDYWINE Outstanding Balance Amount Incurr	red This Period 0.00 st, Middle Initial) of Debtor of	O.00 Or Creditor ZIP Code 20613 Payment This Period 0.00		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): FING FEES FOR CAMPA- T nsaction ID: SD12.20426 ng Balance at Close of This Period 3749.00
C. Full Name (Last, First CHRIS PETHRICK) Mailing Address 1630 City BRANDYWINE Outstanding Balance Amount Incurr	red This Period 0.00 st, Middle Initial) of Debtor of the period of this Page (optional)	O.00 Or Creditor ZIP Code 20613 Payment This Period 0.00		Nature of D CONSULT GN MAG	7498.00 ebt (Purpose): FING FEES FOR CAMPA- T nsaction ID: SD12.20426 ng Balance at Close of This Period 3749.00

PAGE 45 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GEORGE REBH **PHOTOGRAPH** Mailing Address 4899 35TH RD NORTH State ZIP Code City **ARLINGTON** VA 22207 Outstanding Balance Beginning This Period Transaction ID: SD12.20448 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP George Ripley Mailing Address 1425 Monroe S. NW ZIP Code City State Washington DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20447 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 ΤX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 5025.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 46 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE City State ZIP Code **AUSTIN** TX 78727 Outstanding Balance Beginning This Period Transaction ID: SD12.19798 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ENVIRONME-NT ISSUES STACEY STANDLEY Mailing Address 5114 TURNBURRY LN ZIP Code State SPANISH TRAIL NV 89113 Outstanding Balance Beginning This Period Transaction ID: SD12.20452 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION **DAN SWARTZ** Mailing Address 95 HORATIO ST APT 406 ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20432 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 5050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 47 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION RICH SWARTZ Mailing Address 95 HORATIO ST **APT 406** City State ZIP Code **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20434 1050.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1050.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 7050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 48 / 48 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.19796 3000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.20420 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 7000.00 1) SUBTOTALS This Period This Page (optional)..... 146072.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 146072.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)